

[BEAR Home](#)[New BEAR Form](#)[Track Form](#)[Bulk Download](#)[Terms and Conditions](#)[Logout](#)

## Edit BEAR Invoice

**Invoice ID: 2407148****Created on 7/7/2016 10:40 AM****Last updated on 7/7/2016 10:40 AM****Applicant Form Identifier** FY15-16iFiber**Block 1: Header Information**[Need Help?](#)**1. Billed Entity Name**REGIONAL OFF OF ED  
WHITESIDE**2. Billed Entity Number**

135908

**3. Service Provider****Identification Number (SPIN)**  
143035593**Service Provider Name**

Illinois Fiber Resources Group

**Applicant FCC Form 498 ID****4. Contact Name**

Paulett Bendixon

**5. Contact Telephone Phone**

( 815 ) 625 - 1495 ext.

**Contact Fax**

( 815 ) 625 - 1625

**Contact Email**

pbendixon@roe47.org

**6. Total Reimbursement****Amount**

(total from Block 2, Column 14)

\$ 6480

**Block 2: Line Item Information Per Funding Request Number**[Need Help?](#)

7. FCC Form 471 Application Number  (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN)  (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	
1) 1049897	2867851		4/1/2016 		1800.00	90	1620.00	
2) 1049897	2867851		1/1/2016 		1800.00	90	1620.00	
3) 1049897	2867851		10/1/2015 		1800.00	90	1620.00	
4) 1049897	2867851		7/1/2015 		1800.00	90	1620.00	

**Block 3: Billed Entity Certification**[Need Help?](#)

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- ☒ **A.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- ☒ **B.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- ☒ **C.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- ☒ **D.** I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- ☒ **E.** I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

**Contact Information for Billed Entity Authorized Person:****15. Signature** ☒

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

**16. Date** 7/7/2016

<b>17. Name</b>	PAULETT BENDIXON	<b>19. Phone Number</b>	( 815 ) 625 - 1495 ext.
<b>18. Title/Position</b>	TECHNOLOGY COORDIN	<b>19a. Fax Number</b>	( 815 ) 625 - 1625 ext.
<b>20. Address 1</b>	1001 WEST 23RD STREET	<b>19b. Email</b>	PBENDIXON@ROE47.ORG
<b>Address 2</b>		<b>19c. Name of Authorized Person's Employer</b>	ROE47
<b>City</b>	STERLING		
<b>State</b>	IL		
<b>Zip Code</b>	61081 -		

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

[Clear](#) [Save](#) [Certify and Submit](#)

OMB Number 3060 - 0856 Form 472

2nd time  
Submitted

BEAR Home



New BEAR Form



Track Form



Bulk Download



Terms and Conditions



Logout

## Edit BEAR Invoice

## Validation Error

Please fix the following errors before submitting the form.

Error! Payee Id (FCC Form 498 Id) must be provided.

Click anywhere in this section to close.

Applicant Form Identifier FY15-16iFiber

## Block 1: Header Information

Need Help?

## 1. Billed Entity Name

REGIONAL OFF OF ED  
WHITESIDE

## 2. Billed Entity Number

135908

## 3. Service Provider

Identification Number (SPIN)  
143035593

## Service Provider Name

Illinois Fiber Resources Group

## Applicant FCC Form 498 ID



## 4. Contact Name

Paulett Bendixon

## 5. Contact Telephone Phone

( 815 ) 625 - 1495 ext.

## Contact Fax

( 815 ) 625 - 1625

## Contact Email

pbendixon@roe47.org

## 6. Total Reimbursement

## Amount

(total from Block 2, Column 14)

\$ 6480.00

## Block 2: Line Item Information Per Funding Request Number

Need Help?

7. FCC Form 471 Application Number  (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN)  (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	
1) 1049897	2867851		1/1/2016 		1800.00	90	1620.00	
2) 1049897	2867851		4/1/2016 		1800.00	90	1620.00	
3) 1049897	2867851		10/1/2015 		1800.00	90	1620.00	



4) 1049897 2867851 7/1/2015 1800.00 90 1620.00

[Add Line Item](#)

### Block 3: Billed Entity Certification

[Need Help?](#)

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- ☒ **A.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- ☒ **B.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- ☒ **C.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- ☒ **D.** I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- ☒ **E.** I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

### Contact Information for Billed Entity Authorized Person:

#### 15. Signature ☒

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

#### 16. Date 7/7/2016

17. Name PAULETT BENDIXON

19. Phone Number (815) 625-1495 ext.

18. Title/Position TECHNOLOGY COORDINATOR

19a. Fax Number (815) 625-1625 ext.

20. Address 1 1001 WEST 23RD STREET

19b. Email PBENDIXON@ROE47.ORG

Address 2

19c. Name of Authorized Person's Employer ROE47

City STERLING

State IL

Zip Code 61081 -

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

[Clear](#) [Save](#) [Certify and Submit](#)

OMB Number 3060 - 0856 Form 472

[BEAR Home](#)[New BEAR Form](#)[Track Form](#)[Bulk Download](#)[Terms and Conditions](#)[Logout](#)

## Edit BEAR Invoice

The following invoice has been successfully saved:

Invoice ID: 2407148

Created on 7/7/2016 10:40 AM

Last updated on 7/7/2016 10:40 AM

Applicant Form Identifier FY15-16iFiber

### Block 1: Header Information

[Need Help?](#)

**1. Billed Entity Name**  
REGIONAL OFF OF ED  
WHITESIDE

**2. Billed Entity Number**  
135908

**3. Service Provider  
Identification Number (SPIN)**  
143035593

**Service Provider Name**  
Illinois Fiber Resources Group

Applicant FCC Form 498 ID



**4. Contact Name**

Paulett Bendixon

**5. Contact Telephone Phone** ( 815 ) 625 - 1495 ext.

**Contact Fax** ( 815 ) 625 - 1625

**Contact Email** pbendixon@roe47.org

**6. Total Reimbursement**

**Amount**

(total from Block 2, Column 14)

\$ 6480

### Block 2: Line Item Information Per Funding Request Number

[Need Help?](#)

	7. FCC Form 471 Application Number  (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN)  (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	
1)	1049897	2867851		1/1/2016 		1800.00	90	1620.00	
2)	1049897	2867851		10/1/2015 		1800.00	90	1620.00	
3)	1049897	2867851		4/1/2016 		1800.00	90	1620.00	
4)	1049897	2867851		7/1/2015 		1800.00	90	1620.00	



**Block 3: Billed Entity Certification**

Need Help?

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- ☒ **A.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- ☒ **B.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- ☒ **C.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- ☒ **D.** I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- ☒ **E.** I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

**Contact Information for Billed Entity Authorized Person:****15. Signature** ☒

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

**16. Date** 7/7/2016

**17. Name** PAULETT BENDIXON  
**18. Title/Position** TECHNOLOGY COORDIN/  
**20. Address 1** 1001 WEST 23RD STREET  
**Address 2**  
**City** STERLING  
**State** IL  
**Zip Code** 61081

**19. Phone Number** ( 815 ) 625 - 1495 ext.  
**19a. Fax Number** ( 815 ) 625 - 1625 ext.  
**19b. Email** PBENDIXON@ROE47.ORG  
**19c. Name of Authorized Person's Employer** ROE47

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

[Clear](#) [Save](#) [Certify and Submit](#)

OMB Number 3060 - 0856 Form 472

BEAR Home



New BEAR Form



Track Form



Bulk Download



Terms and Conditions



Logout

## Add BEAR Invoice

## Validation Error

Please fix the following errors before submitting the form.



Error! The Funding Request Number must match a valid FCC Form 471 FRN on file.

Click anywhere in this section to close.

## Applicant Form Identifier

## Block 1: Header Information

Need Help?

## 1. Billed Entity Name

REGIONAL OFF OF ED  
WHITESIDE

## 2. Billed Entity Number

135908

## 3. Service Provider

Identification Number (SPIN)  
143035593

## Service Provider Name

Illinois Fiber Resources Group

## Applicant FCC Form 498 ID



## 4. Contact Name

Paulett Bendixon

## 5. Contact Telephone Phone

( 815 ) 625 - 1495 ext.

## Contact Fax

( 815 ) 625 - 1625

## Contact Email

pbendixon@roe47.org

## 6. Total Reimbursement

## Amount

(total from Block 2, Column 14)

\$ 6480.00

## Block 2: Line Item Information Per Funding Request Number

Need Help?

7. FCC Form 471 Application Number  (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN)  (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	
1) 1049897	2867851		04/01/2016 		1800.00	90	1620.00	
2) 1049897	2867851		10/1/2015 		1800.00	90	1620.00	
3) 1049897	2867851		7/1/2015 		1800.00	90	1620.00	

4)	1049897	2897851		1/1/2016		1800.00	1620.00	
----	---------	---------	--	----------	--	---------	---------	--

[Add Line Item](#)**Block 3: Billed Entity Certification**

Need Help?

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- ☐ **A.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- ☐ **B.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- ☐ **C.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- ☐ **D.** I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- ☐ **E.** I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

**Contact Information for Billed Entity Authorized Person:****15. Signature** ☐

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

**16. Date** 7/6/2016**17. Name** PAULETT BENDIXON**18. Title/Position** TECHNOLOGY COORDINATOR**20. Address 1** 1001 WEST 23RD STREET**Address 2****City** STERLING**State** IL**Zip Code** 61081 -**19. Phone Number** (815) 625 - 1495 ext.**19a. Fax Number** (815) 625 - 1625 ext.**19b. Email** PBENDIXON@ROE47.ORG**19c. Name of Authorized Person's Employer** ROE 47

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

[Clear](#) [Save](#) [Certify and Submit](#)

OMB Number 3060 - 0856 Form 472